

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/714,792

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4		1		1		
5		1		1		
6		1		1		
7		1		1		
8		1		1		
9		1		1		
10		1		1		
11	1		/			
12		1				
13		1				
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15		1				
16		1		1		
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21		1		1		
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23		1		1		
24		1		1		
25	1		1			
26		1	/			
27		1				
28		1		1		
29		1		1		
30		1		1		
31		1		1		
32	1		1			
33		1		1		
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36		1		1		
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45						
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47						
48						
49						
50						
TOTAL IND.	4		4			
TOTAL DEP.	33		23			
TOTAL CLAIMS	37		27			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						